PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charies Street, Baltimore

CERTIFICATE OF DEATH

/	
1. PLACE OF DEATH- COUNTY TALBOT MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED.
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give neasest town) (In this piece)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 503 Golds boro St.
HOSPITAL OR INSTITUTION OR	STREET (If rural, give location)
STREET ADDRESS SOS GOLAS DORO	LASTON, MId.
3. NAME OF DECEASED (First) (Middle) (Type or Print) NETTIE MAY	CLast), (A DATE (Month) (Day) (Year) OF DEATH MAR. 31, 1951
6. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 9. AGE last birthday If under 1 year If under 24 hrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. Kind of Business or Industry	11. BIRTHPLACE (State or toppign country) 12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
JOLOMON IV. DERRIAGE	ELIZABETH M. MERRICK.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	Maschner Marvel Easter ms
18. MEDICAL CEN	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATE
Immediate cause (a) Ourebral 4	remorrhage 4 days
33// Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause (b) Arterio - Seler	oris with Lypertension 7 45,
83 a stating the underlying cause last	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from	19 444 to March 195/ that I last saw the deceased
man in all me	
alive on	NADDRESS DATE SIGNED
Folliam D. Seymony Ear	lon md. March 3/3/5/
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETER READY VAL. (Specify) Why 2 1951 PRI NG F.	RY OR CREMATORY LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
- 13/31 1 1 14. harres	MAURICE L. I'E WHAM & SOM
	10510 0 1100. 1111111

APR 6 1951

2411 N. Charles Street, Baltimore

02984

CERTIFICATE OF DEATH

Reg. Dist. No. 240

I. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED	P
COUNTY Talber Co. MARYLAND	STATE ST. Michael-3 COUNT	Jalbot
OR give nearest town) (in this place)	CITY (If outside corporate limits, write RURAL and given or	ve nearest town)
TOWN Ecitor 32 Hours	TOWN ST. Michaels	
HOSPITAL OR INSTITUTION OR /- + 7.	STREET (If rural, give location)	
STREET ADDRESS Laste Memorial For	Tal	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) ERnest H	BUIPNS, DEATH Markely	, 5 1957
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED,	Sf DATE OF BIRTH 9. AGE last birthday If under	1 year If under 24 hrs
Mile (Specify) merrored	Dept 6, 1883 6 yrs. Months	Days Hours Min.
to VIOVIAL ACCUIDATION (Circ bind of months 10h Vive on Diversions on		COUNTRY?
Polling awner of Roultre form	Max curo	The state of the s
13. FATHER'S NAME	14. MATHER'S MAIDEN NAME	
Mr James Burns	Willing Harres de	~ /
15. WAS DEFENSED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes. no. or Anknown) (If yes. give war or dates of	AT OFORMANT JAND ADDRESS	
(service)	Mus Grace Juris	
18. MEDICAL CEI	RTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
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Immediate cause (a)(9)	- January	
Antecedent cause(s)		
72(), (Diseases or conditions, if any, giving rise to the above cause	mp (PO) + AND (PQ) AND T (MM (PO) + 1 OO) (MM (CO) AND CO) AND CO AND	
stating the underlying cause last		
(e)		1
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	2 00 1	
related to the disease or condition causing death.	mellifus	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN) (COUNTY)	(STATE)
HOMICIDE INJURY	I WANT THE THE PARTY OF THE PAR	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	HOW DID INJURY OCCUR?	
INJURY m. Work At work		
22. I hereby certify that I attended the deceased from Man. 3.	19 5 / to Was 5 195 / that I last a	beseensh adt we
3		
alive on March. 19.2., and that death occurred at/1.	20.5 m., from the causes and on the date st	
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
M.V. / almer M.D.	Creston, hard	3/6/51
23. BURIAL, CREMATION DATE THEREOF NAME/OR CEMETER	RY OR CREMATORY LOCATION (City, town or coun	ty) (State)
REMOVAL (Specify) 3/7/61	eliano XI Misplano	1 ned
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
REG. 3/6/57 M. R. MOODILL	Marson - 10 m	01
= 10/0/ / / / / / / / / / / / / / / / / /	The state of the s	201

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

/		
1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	7-11
MARYLAND CITT (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside plimits, write RURAL and give	ala Pleas
OR give nearest town) (in this place)	OR // IV	e nearest town)
HOSPITAL OR Olllestre	STREET (If rural, give location)	
INSTITUTION OR STREET ADDRESS	ADDRESS	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) Aaula Mayua, C	OULLOUNCE DEATH MON	21- 1257
6. COLOR OR RACE 7. SINGLY MARRIED, WIDOWED, DWORCED,	8. DATE OF BIRTH 9. AGE last birthday II under Months	I year If under 24 hrs. Days Hours Min.
(Specify) 10a. USOAL OCCOPATION (Give kind of work 10b. Kind of Business or	/11. BIRDHPLACE (State or foreign country)	CITIZEN OF WHAT
down during the at matching life again if rativad) (Jamusana)	Bellevel, What,	COUNTRY
13. PATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Gaywell delselly	rachel Harris	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes, give war or dates of	17. INFORMANT AND ADDRESS	-1411
laervice) 2/2-/4	RTIFICATION TO THE RESIDENCE OF THE RESI	quie.
	ypertensive Heart Disease	INTERVAL BETWEEN ONSET AND DEATH
	4: 03:	5 or more
Immediate cause (a)_Un a arteriosclero	tic Cardiovascular basis) or more
Antecedent cause(s) Active Rheumatoid	Arthritis, Hypertension	years
Diseases or conditions, if any, giving rise to the above cause		
stating the underlying cause last		
II. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
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SUICIDE NO OF office bidg., etc.)	200000000000000 X000000000	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF INJURY While at Not While Work Not While	200000000000000000000000000000000000000	
22. I hereby certify that I attended the deceased from 3.21.51	19 to 3.21.51 19 that I last a	w the deceased
alive on 12.20.50, 19, and that death occurred at 7.	ADDRESS and on the date st	ated above. DATE SIGNED
11 C 6 D X O 4 . M.D.	St.Michaels, Maryland	3.22.51
23. BURIAL OREMATION DATE THEREOF NAME OF CEMETE	BY OR CREMATORY LOCATION (City, town, or count	(94.44)
23. BURIAL, OREMATION DATE THEREOF NAME OF CENETE	Cullelle Meller	(State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
REG. 3/22/51 1 24. Noine	Holast To Millians and	Host Elled.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

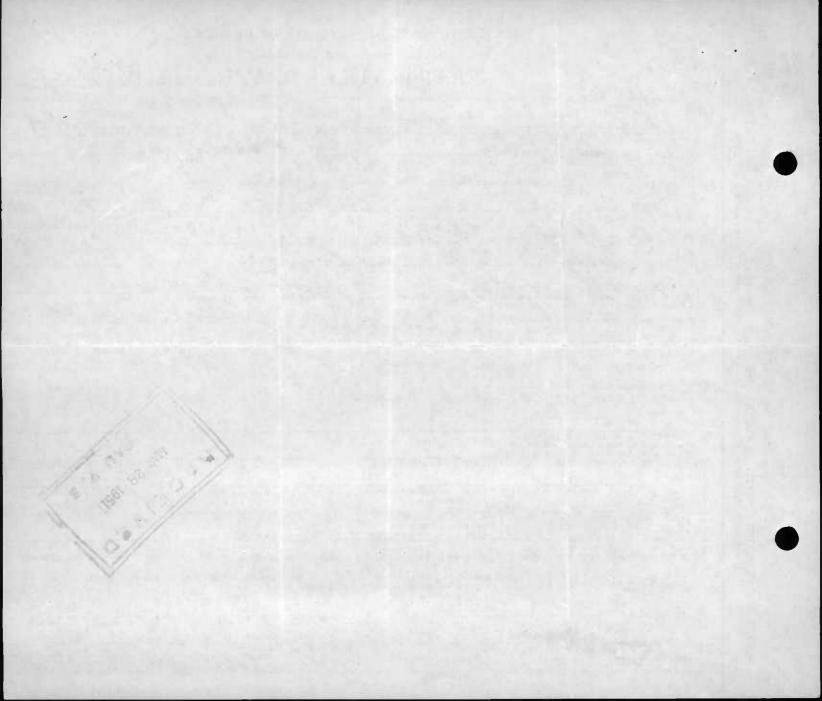
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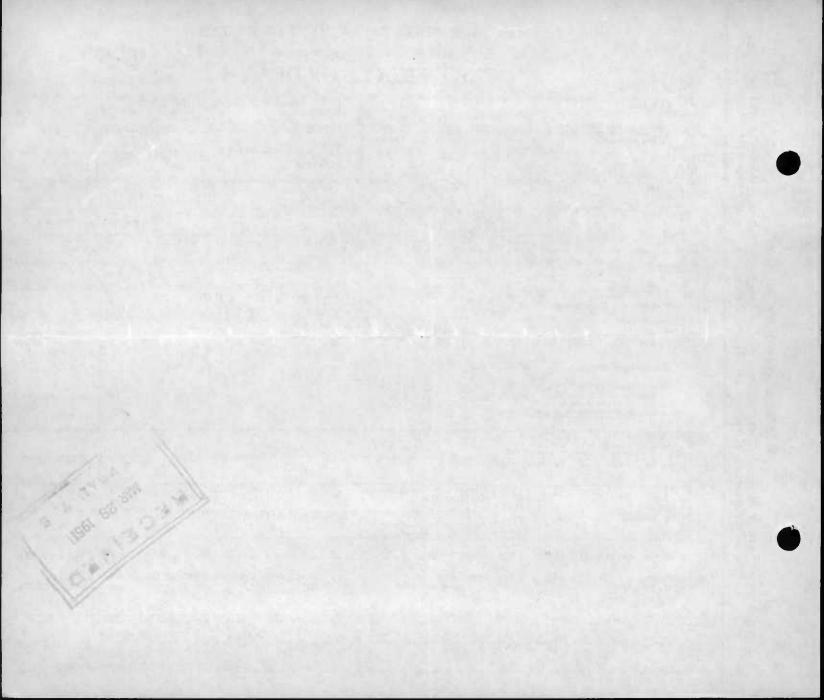
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02986

1. PLACE OF DEATH. USUAL RESIDENCE (HOME) OF DECEASED COUNTY STATE COUNT MARYLAND LENGTH OF STAY CITY (If outside corporate limits, write RURAL and CITY (Il outside corporate limits, write RURAL and give nearest town) givo nearest town) (in this place) TOWN TOWN HOSPITAL OR INSTITUTION OR STREET (If rural, give location) ADDRESS STREET ADDRESS 3. NAME OF (Mlddle) 4. DATE (Month) (Day) (First) (Last) (Year) DECEASED mar (Type or Print) DEATH 195/ 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) 8. DATE OF BIRTH 9. AGE last birtbday | If under I year | If under 24 hrs. 5. SEX Months [Days Hours | Mln. 11. BIRTHPLACE (State or foreign country) 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT done during most of working life, evon if retired) INDUSTRY COUNTRY 13. FATHER'S NAME rances a 15. WAS DECRASED EVER IN U.S. ARMED FORGES? 16. SOCIAL SECURITY NO. 17. INFORMANT AND ADDRESS (Yes, no, or unknown) (If yes, give war or dates of service) 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes [No I PLACE (Home, farm, factory, street, OF office bldg., etc.) (CITY OR TOWN) 21. ACCIDENT SUICIDE (Specify) (COUNTY) (STATE) INJURY HOMICIDE INJURY OCCURRED HOW DID INJURY OCCUR? TIME (Month) (Day) (Year) (Hour) While at INJURY Work At work 22. I hereby certify that I attended the deceased from 5/13 1921..., to.5 13....., 19.5./., that I last saw the deceased alive on ... 3 SIGNATURY DATE SIGNED NAME OF BEMEZERY OR 23. BURIAL, CREMATION REMOVAL (Specify) THEREO REMATORY LOCATION (City, town, or county) (State) DATE REC'D BY LOCAL ADDRI REG.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

(12987 eg. Dist. No. 290

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED.	TV
/albo/ CO' MARYLAND	May land.	Carolina
CITY (If outside corporate limits, write RURAL and OR give nearest town) (in this place)	Y CITY (If outside comporate limits, write RURAL and OR	give nearest town)
Less we may	TOWN / Tielacky	
HOSPITAL OR INSTITUTION OR STREET ADDRESS For the Manne 13 14 Her pite	STREET /(If rural, give location)	J
3. NAME OF (First) (Middle)		(Day) (Year)
DECEASED (Type or Print)	Hamer. 4. DATE (Month) OF DEATH March	(Day) (Tear)
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) manual	6. DATE OF BIRTH 9. AGE last birthday H und Month	er 1 year If under 24 hrs ns. Days Hours Mln.
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13. FAITHER'S NAME	1 14. MOTHER'S MAIDEN NAMA	400
Bank Flance	Cose Aline Dudos	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16, SOCIAL SECURITY NO.	VIT. INFORMANT	
(Yes, no, or unknown) (If year, give war or dates of service)	& Lille Flasher	
18. MEDICAL	CERTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
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Immediate cause (a)		day
420. D Antecedent cause(s)	V	
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Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last		
II. OTHER SIGNIFICANT CONDITIONS	**************************************	
Conditions contributing to the death but not	T. 2 10 t	7
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	us - accurs	1 20. AUTOPSY?
IVAL DATE OF OTHERSEON THE METHOD OF OTHERSEON		
21. ACCIDENT (Specify) PLACE (Home, farm, factory, stree	et, : (CITY OR TOWN) (COUNT	Yes No X
SUICIDE OF office bldg., etc.) IIOMICIDE INJURY	(CITTOR TOWN) (COUNT	Y) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While	HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from	, 19, to, 19, that I last	saw the deceased
alise on Ma. C. 11 10 Cs and that doub againsed at	9:15th my from the course and on the date	-4-4-7-1
alive on Manda	ADDRESS	DATE SIGNED
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23. BUTTAL, CREMATION DATE REMOVAL (Springion for CEMET) War. 20, 195/ Springion	TERY OR CREMATORY LOCATION (City, town, of cou	inty) (State)
DATE REC'D BY LOCAL REGISTRAR'S, SIGNATUR	24-FUNERAL DIRECTOR	ADDRESS
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore CERTIFICATE OF DEATH

02988

Reg. Dist. No. 991

I. PLACE OF DEATH. 2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY STATE COUNTY MARYLAND CITY (If outside corporate limits, write RURAL and LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest town) give nearest town) (in this place) TOWN TOWN HOSPITAL OR STREET (If rural, give location) INSTITUTION OR ADDRESS STREET ADDRESS 3. NAME OF (First) Middle (Last) 4. DATE (Month) (Day) (Year) DECEASED OF GIBBS (Type or Print) DEATH 195 / 7. SINGLE, MARRIED, WIDOWED, DIVORCED 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE last hirthday | If under 1 year | If under 24 hrs. 5. SEX Months 1 Days | Hours | Mln. (Specify) Whidaux 10a. USUAL OCCUPATION (Cive kind of work done during most of working life or a life tested) 10b. KIND OF BUSINESS OR BIRTHPLACE/(State or foreign country) OUNTRY? WHAT INDUSTRY, 13. FATHER'S NAME 14. MOTHER'S MALDEN NAM 15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT AND /ADDRESS (Yes, no, or unknown) { (If yes, give war or dates of service) 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH Immediate cause Antecedent cause(s) Diseases or conditions, if any, (b)_ giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes I No T 21. ACCIDENT SUICIDE (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE) HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED HOW DID INJURY OCCUR? While at Not Whlle INJURY Work At work 22. I hereby certify that I attended the deceased from ... 3... alive on..... (Degree or title) SIGNATURE DATE SIGNED BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY (State) DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. PUNERAL DIRECTOR ADDRESS care



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02989

CERTIFICATE OF DEATH

I. PLACE OF DEATH- COUNTY	2. USUAL RESIDENCE (HOME) OF DECEASED.	Tallet
MARYLAND	1 / week	
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town) (in this place)	CITY (If outside corporate limits, write RURAL and giv	e nearest town)
OR give nearest town (in this place) TOWN (in this place)	TOWN Jural Caston.	
HOSPITAL OR	STREET / (If rural, give location)	
INSTITUTION OR STREET ADDRESS	ADDRESS	
3. NAME OF (First) (Middle)	(Last) X4. DATE (Month)	(Day) (Year)
DECEASED () -	Taldsharach DEATH March	17 1957
(1) pe of 1 time)	8. DATE OF BIRTH 9. AGE last birthday If under	
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED WIDOWED, DIVORGED, (Specify) Lyra &	July 75 1894 56 yrs. Months	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY		COUNTRY? WHAT
done during most of working life, even if retired) INDUSTRY	V Jacker Launty Mergland	COUNTET! U. K.
13. FATHER'S NAME //	14. MOTHER'S MAIDEN NAME	
mackinger Taldshorous &	Julia Teleming	
15. WAS DECRASED EVER LA U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17 INFORMANT	0
(Yes, no, wunknown) (If yes, give war or dates of service)	Millio Tackstoponol	
	CERTIFICATION //	1
		INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
1/18	mia veclerori,	1 semonts
Immediate cause (a)		
446 Antecedent cause(s)		2 457
Diseases or conditions, if any, (b)	5-carors	
giving rise to the above cause atating the underlying cause last		
(c)		1
11. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not related to the disease or condition causing death.		
198. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street	(CITY OR TOWN) (COUNTY)	
SUICIDE OF office bldg., etc.) HOMICIDE INJURY		
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF While at Not While		
		1.
22. I hereby certify that I attended the deceased from.	19 57/ to 3 / 17/ 19:17/ that I last s	aw the deceased
alive on 3 / 17/, 19.5.7, and that death occurred at.	ADDRESS	ated above.
	ADDRESS	DATE SIGNED
12 ma. East	- my 3/1	9(57
23. BURIAL, CREMATION DATE THEREOF NAME OF SEMET	TERY OR CREMATORY LOCATION (City, town, or count	ty) (State)
Killia (Specify) March 19, 1951 Saking	Weil Carton	Rd
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
REG. 3/18/51 MS. NO 1011	1 Wellistour Co	Elos ON 1
-11414		



Evidence for addition of 21 shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

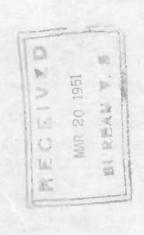
2411 N. Charles Street, Baltimore

02990

MANO. 6 151 MAR 27 1951 CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH- COUNTY Talbot MARYLAND	2. USUAL RESIDENCE (HOSTATE ME		COUNTY	
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporat	1	Laroline	
OR givo near stron in this place)	Town Hender		and give nearest town)	
HOSPITAL OR INSTITUTION OR Memorial Hospital	STREET ADDRESS	(If rural, give loc	ation)	/
3. NAME OF (First) (Middle) DECEASED John	Gooden	4. DATE (Mor	, , , , , ,	Year)
(Type of Print) OIIII		DEATH IVE		15]
male white WIDOWED DIVORCED (Specify) Married	Cur 20, 1823	77 yrs.	If under 1 year If under Months Days Hours	Min.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR done during most of working life) even if retifed). INDUSTRY	11. CHAPLACE (State or	foreign country)	COUNTY!	WHAT
13. PACHER'S NAME	14. MOTHER'S MAIDEN	NAME	VIXI	
15. WAS DECRASED EVERIN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	Jarah	mma		
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) ff yes, give war or dates of levels	H. INFORMANT AND	DDRESS	den	
18. MEDICAL CEI	RTIFICATION		- marc	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		1	INTERVAL BET	WEEN
Asles To Com	to Kanta	her		
Immediate cause (a)			086	0
Antecedent cause(s) Diseases or conditions, if any, (b) Frank	inde left	· Auso	. 2010	55/
1860 giving rise to the above cause stating the underlying cause last	···		**************************************	0+00000aaa
(c)				
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not				
related to the disease or condition causing death.				
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION			20. AUTOPS	Y?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TO	WN) (CC	Yes 1	No 🗆
SUICIDE HOMICIDE accident OF office bldg., etc.) home		17	e of	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY Feb 24, 1951 m.	HOW DID INJURY OCC	(3/29/51 akc)	
22. I hereby certify that I attended the deceased from 28 For	2.197 to 7 Ha	- 195'/ that I	lost saw the decor	hood
and the second s				seu
alive on	ADDRESS	auses and on the	late stated above. DATE SIGN	IED
Theread ! // sunger 41.	Falu	med	9 Mm S	7
23. HURIAL, CREMATION DATE THEREOF NAME OF CEMETER REMOVAL (Specify)	RY OR CREMATORY LO	CATION (City, towy,	or county) (Stat	te
DATE REC'D BY LOCAL REGISTRAR'S GIGNATURE	24. EUNERAL DIRECTOR	recedes	ADDRESS	1_
REG. 2 /8/5/ 1 A. Melrus	R.B.R.	1100)	Lecestor	6
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

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/	The state of the s	
1. PLACE OF DEATH. COUNTY Tally MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY	Tilbat
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town Coaston-Rural (in this place)	CITY (If outside perforate limits, write RURAL and give OR TOWN Careford, Rural	e nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rwal, give location)	
3. NAME OF DECEASED (Type or Print) Nettle: Querie	Last) 4. DATE (Month) OF DEATH March)	(Day) (Year)
6. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH 9. AGE last hirthday II under I Months	year II under 24 hrs. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. Kind of Business or Industry	11. BIRTHPLACE (State or foreign country) 12.	CITIZEN OF WHAT
13. FATHER'S NAME Peter Grass	14. MOTHER'S MAIDEN NAME	W.S./T.
15. Was Decrased Ever In U.S. Armed Forces? 16. Social Security No. (Yes, no, or unknown) (II yes, give war or dates of 2/3-22-7/45	Ruth E. Bryant Car	ton R.D. m
18. MEDICAL CE	RTIFICATION	Tarana Patanana
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Carcinoma O	f Uterus	5 yrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	ined	40 00 00 for forgon or contabilities a page 4 page
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	77	20. AUTOPSY?
Unknown Grade (3) Malignan C		No 🗆
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) XXXXXX	(CITY OR TOWN) (COUNTY) XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While INJURY XXXXXX X XXXXX m. Work At work	HOW DID INJURY OCCUR?	XXXXXX
22. I hereby certify that I attended the deceased from Feb 1		w the deceased
77	7/3.5.4.m., from the causes and on the date sta	
Theles / J. Dewis M.D.	O± 361 -1 - 2 363	3.21.51
REHOVAL (Specify) Mar 227951 St Paul	Church Carlon Rural	(State)
DATE REC. D BY LOCAL REGISTRAR'S SIGNATURE REG. 3/2//57	John D. William	Daylon Carlon
	720 836	mol



VS. A15

correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02992

	GERIFICAI	E OF DEA	IH	Reg. Dist. No	0.290	
1. PLACE OF DEATH COUNTY Tallet	MARYLAND	2. USUAL RESIDENCE STATE MARY		COUNT	CAROLIN	-
CITY (If outside corporate limits, write RU OR givo nearest town) Easton	RAL and LENGTH OF STAY (in this place)	CITY (If outside cor OR TOWN	porate limits, write	RURAL and give	ve nearest town	1)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton he	marial Haspital	STREET ADDRESS	(If rural,	give location)	7	1
3. NAME OF (First) DECEASED (Type or Print)	(Middle)	(Last) HARRIS	4. DATE OF DEATH	(Month)	(Day)	(Year)
5. SEX 6. COLOR OR RACE MALE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last bir	thday If under Months	1 year If unde	19 <i>5</i> / er 24 hr Min.
10a. USUAL OCCUPATION (Give kind of wor done during most of working life, even if retired than a get	k 10ba KING OF BUSINESS OR	in. BIRTHPLACE (Sta	te or foreign country		COUNTRY!	WHAT
9M J. Willet H	mis	14. MOTHER'S MAID	EN NAME	tohos	7	
15. WAS DECRASED EVER IN U.S. ARMED FORC (Yes, no or unknown) (If yes, give war or date service)		M. HOLVA	D ADDRESS	Tope -	Preston	hid
	18. MEDICAL CE	RTIFICATION		11	1	
I. DISEASES OR CONDITIONS DIRECTLY					INTERVAL BI	DEATH
Immediate cause (a)	Coreniel Throm 50	3/3	**********************	******-************	3 w 4's	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause	Cenculiza Allen.	Schrons	**********************	*****************************		P\$-00-0000-04-04
3 stating the underlying cause last						
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing de	ath.		XI - T	•		
19a. DATE OF OPERATION 19b. MAJOR					1 20. AUTOP	SY?
Non-					Yes 🗆	No D
SUICIDE	ACE (Home, farm, factory, street, office bldg., etc.) JURY	(CITY O	R TOWN)	(COUNTY)	(STATE	
TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURRED While at Not While Work	HOW DID INJURY	OCCUR?			
22. I hereby certify that I attended t	he deceased from 3/24	, 19.5/ , to 8/27	, 195/,	that I last s	aw the dece	ased
alive on 3/27/ 196/, a	and that death occurred at (Degree or title)	ADDRESS C	he causes and o	n the date st	ated above.	NED
Hurry Dum		Liestry Du.	-y lau		3/19/5	7
23. BURIAL, CREMATION DATE THERE REMOVAL (Specky)	0/57 Net. To	elly 1	LOCATION (CI	town, or count	y) 77. V	ate)
DATE REC'D BY LOCAL REGISTRAR'	SIGNATURE	24. FUNERAL DIREC	TOR)	a de	ADDRASS	



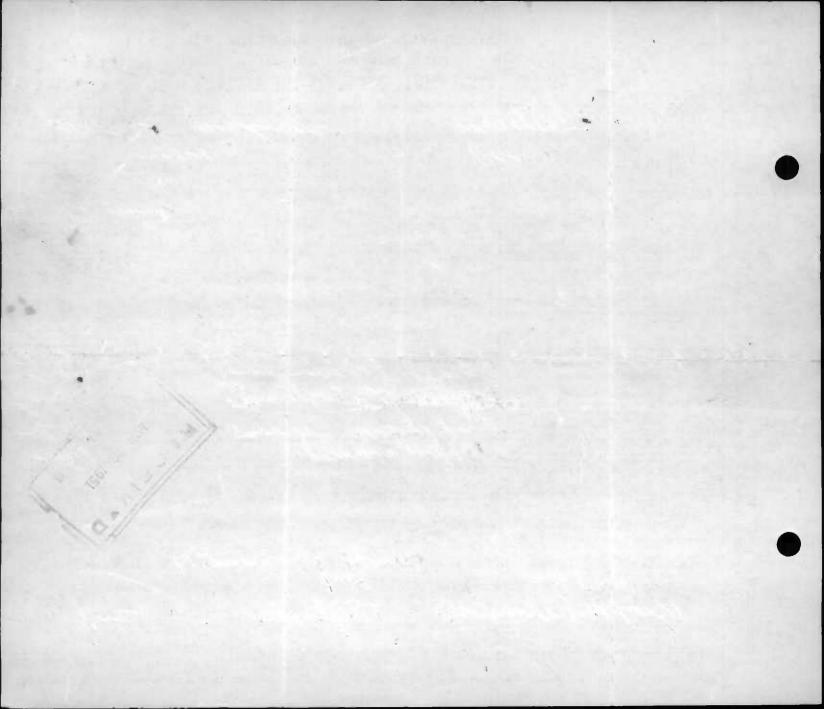
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

()2993 Reg. Dist. No. 294

I DIACE OF DEADIL		
I. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY	7
CITY (II outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give	-cat
OR give nearest town) TOWN (in this place)	II UK	e nearest town)
HOSPITAL OR	TOWN (If rural, give location)	
INSTITUTION OR STREET ADDRESS	ADDRESS (II Famil, give location)	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) NAME	HARRISON DEATH MASSEL	13 1957
6. COLOR OR RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE last birthday If under 1	vest III under 24 hr
Limale white WIDOWED, DIVORCED, (Specify) window	17VIA 9 6, 700 1 66 YES.	Days Hours Min.
done during most of working life, even if retired) 10b. Kind of Business on Industry Industry		CITIZEN OF WHAT
13. FATHER'S NAME	1 7 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	COUNTRY SA.
13. FACHER'S NAME	14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	Vauros B. Sherwood	
(Yes, no, or unknown) (If yes, give war or dates of	Miss Nettas Towns Co love	Quid.
inea vite) 200		w one
18. MEDICAL CE	RETIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	6	ONSET AND DEATH
Immediate cause (a) Breville	Zellen	K day
480 Antecedent cause(s)	2011.	
Diseases or conditions, if any, (b) at the large of the l	a surprising a) [sec
330 stating the underlying cause last	100	,
(c) Pullerly	20 Klesias	10.72
Onditions contributing to the death but not	alito	Pine
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		and Attmospasse
		20% AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY)	Yes No (STATE)
SUICIDE OF office bldg., etc.) HOMICIDE INJURY	(000112)	(DIAIL)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF INJURY m. While at Not While Work At work		
	11 01 0 13,	
22. I hereby certify that I attended the deceased from the fact.	19 to Market 19 1, that I last sa	w the deceased
alive on 21454 18957, and that death occurred at	m from the causes and on the date etc.	tod above
SIGNATURE (Degree or title)	ADDRESS and on the date state	DATE SIGNED
Muymkees not Ti	latrender To	
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE		(State)
12 (Specify) 3/16/5-1 Spring h	il cemetry Easton, mo	J. (STATE)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	FUNERAL DIRECTOR	ADDRESS
Marche 14-51 4. Welley Servel	Muram & Harrison S	1. micha
		0. 1



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15

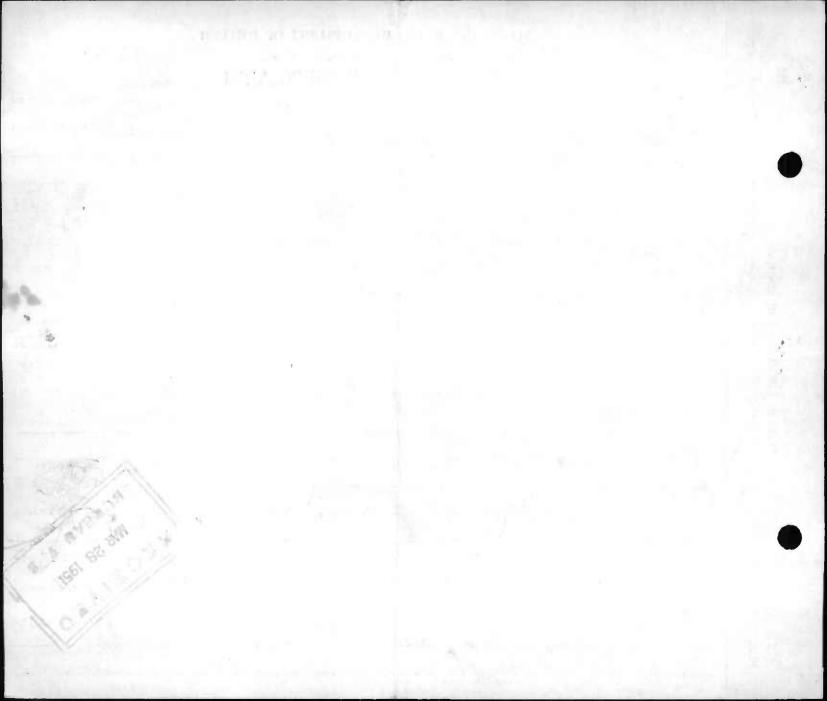
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02994

CERTIFICATE OF DEATH

/					
1. PLACE OF DEAT COUNTY		MARYLAND	2. USUAL RESIDENCE (I	IOME) OF DECEASED.	TY Lachet
	corporate limits, write RUR		CITY (If outside corpora	ate limits, write RURAL and	
HOSPITAL OR INSTITUTION O STREET ADDR		and the same of th	STREET ADDRESS	(If rural, give location)	
3. NAME OF	(First)	(Niddie)	(Last)	14. DATE (Month)	(D) (Year)
DECEASED (Type or Print)	Oxwand	all	Harris	OF DEATH Much	28 1951
5. SEX Male	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE iast birtbday If under Month	or 1 year under 24 brs. Days ours Min.
done during most of	PATION (Give kind of work working He, even if retired)	10b. KIND OF BUSINESS OR INDUSTRICE	11. BIRTHPLACE (State of	r foreigh country)	12. CITE N OF WHAT COUNTBY?
13. FATHER'S NA		•	14. MOTHER'S MAIDEN	NAME	
IS WAS DECRASED !	EVER IN U.S. ARMED FORCE	9? 16. SOCIAL SECURITY NO.	17. INEORMANT		
(Yes, no, or unknown) (If yes, give war or dates service)		Oliver 1.	Narreson	
		18. MEDICAL CE	RTIFICATION		7
I. DISEASES OR C	CONDITIONS DIRECTLY	LEADING TO DEATH	1		INTERVAL BETWEEN ONSET AND DEATH
1, 22,211,210		00	· · · · · · · · · · · · · · · · · · ·	1 000	ndous
Immedia	te cause (a)	Wareroa	ry occur		/cayo
420 1 Antonada		att	1	110 +	
Antecede	ent cause(s) r conditions, if any. (b)	arureo Sc	Keroala 7	Hu Strilliele	Mr. 7 yeters
911 a giving rise	to the above cause			71	11
stating the	underlying cause last			00	. 0
II OTHER SIGNII	(e) FICANT CONDITIONS				
Conditions contril	buting to the death but not ease or condition causing dea	th			
		FINDINGS OF OPERATION			20. AUTOPSY?
					Yes \ No \
21. ACCIDENT	(Specify) PLA	CE (Home, farm, factory, street,	(CITY OR 7	rown) (COUNT	
SUICIDE HOMICIDE	OF INJ	office bldg., etc.) URY			, (3
TIME (Month) OF INJURY	(Day) (Year) (Hour)	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OC	CUR?	
		05.0	n. n.	750 51	
22. I hereby cer	tify that I attended th	e deceased from	, 1944, to Mare, #		saw the deceased
· m	201 724051	3 43 4 3 -43	10154		A-A-1 -1 -1
alive on		nd that death occurred at(ADDRESS	causes and on the date	DATE SIGNED
SIGNATURE	7/10.	7 7	222224200	44.	24 4171
	Milesey ?). Deyruous		march	20/01
23. BURIAL, CREI	MATION DATE THERE	- 11 9 1.	RY OR CREMATORY I	OCATION (City, town, or cou	inty) (State)
DATE BECE BY	LOCAL REGISTRAR'S	25/9V (Janden	24. FUNERAL DIRECTO	R A MINIS	ADDRESS
DATE REC'D BY	LOCAL RIGISTRANS	R/ W		3.06	A A DIVERSO
2/24/	5/ 1/-7	ti perus	1 Odlin (8)	ux co	self 110
/ /				1001	150



VS. A15

The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02995

Reg. Dist. No. 294

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.	
/A/DO/ MARYLAND	STATE MARY AND	toot
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town) C. DANIEL (in this, place)	CITY (If outside corporate limits, write RURAL and gi	ve nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural, give location)	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print)	JONES DEATH MARCH	31 1957
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow	S. DATE OF BIRTH APRIL 9, 1880 9. AGE last birthday If under Months 7/ yrs.	1 year If under 24 hr
10a. USUAL OCCUPATION (Give kind of work of business or done during most of working life, even if retired) 10b. Kind of Business or Industry	11. BIRTHPLACE (State or foreign country)	2. CITIZEN OF WHAT
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	5,71,
JOHN WEDD	DEBORA HYNSON	
15. Was Decrased Ever In U.S. Armed Forces? 16. Social Security No. (Yes, no, or unknown) (If yes, give war or dates of \$\infty 17-05-3367	MRS DOROTHY WEBB Black.	MEDANIEL
18. MEDICAL CE		1 1000
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Coronary Sclero	tic Heart Disease	15 hrs ore
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	tic Nephritis - Hypertension s	1/2
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
None None		Yes No X
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE No for all INJURY XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	· ·	(STATE)
CONTRACTOR OF THE PARTY OF THE	HOW DID INJURY OCCUR?	XXX
OF (Month) (Day) (Year) (Hour) INJURY ACTION OF At work	No injury	
22. I hereby certify that I attended the deceased from 3.30.5. Alive on 3.31.51 19, and that death occurred at 1 (Degree or title) M.D.	1:30 a.m., from the causes and on the date st ADDRESS St. Michaels, Md	
23. BUMAL, CREMATION DATE THEREOF NAME OF CEMETE PENDOVAL (Specify) APRIL 4 1951 LAIDORN F. DATE REC'D BY LOCAL REGISTRAR'S SENATURE	RY OR CREMATORY LOCATION (City, town, or count LEMETERS LAIDS RNE, MA	ty) (State)
april 3-51 Gebberg Sevell.	Herram + Harrison, St. m	ichaels. Tad



correct age

MARGIN RESERVED FOR BINDING

02996

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

eg. Dist. No. 29.0.

I. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED.	
1 A Ihot MARYLAND	STATE TO COUNT	Y Carly
CITY (If outside corporate limits, write RURAL and I LENGTH OF STAY	CITY (II outside corporate limits, write RURAL and els	Te nonrest town)
OR give nearest town) E A 3 to 2 (in this place)	II OR	TO MOMERSE SOWILLY
HOSPITAL OR INSTITUTION OR	STREET (If rural, give location)	
	ADDRESS (It Furst, give location)	
	ti en	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print)	COYOAN DEATH MARCH	16 1951
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	S. DATE OF BIRTH 9. AGE last birthday If under	I year IIf under 24 hrs.
male white WIDOWED, DIVORCED,	marchiter yrs. Months	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR		CITIZEN OF WHAT
done during most of working life, even II retired) INDUSTRY		Country
13/FATHER'S NAME /	14. MOTHER'S MATDEN NAME	(4)
made linder	PIT I I I	
15, WAS DECLASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
15. WAS DECLASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (U yes, give war or dates of service)		
in the second	Mul Maeur	
18. MEDICAL CE	RTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
P. +	<u> </u>	July Danie
Immediate cause (a) Prematuri		
111111111111111111111111111111111111111		
Diseases or conditions, if any, (b) L L C W Uall	late Placenta	
giving rise to the above cause stating the underlying cause last	a a part 100 margines are an	P0 00 00 00 00 00 00 00 00 00 00 00 00 0
/ No. /		
11. OTHER SIGNIFICANT CONDITIONS	GESTETION	1
Conditions contributing to the death but not		
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No No
21. ACCIDENT (Specily) PLACE (Home, larm, factory, street, OF office bldg., etc.)	(CITY OR TOWN) (COUNTY)	(STATE)
HOMICIDE INJURY		
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	HOW DID INJURY OCCUR?	
OF INJURY m. While at Not While Work At work		
	- 0	
22. I hereby certify that I attended the deceased from 3 - 14	, 19.51, to 2-16, 19.51, that I last as	w the deceased
3-16 -51	20	viid deceased
alive on 3-16, 1951, and that death occurred at	m., from the causes and on the date sta	ated above.
Sidilar Comments	ADDIEDS	DATE SIGNED
of yell Jaken M.D.	Easton May	670,1951
	RY OR PREMATORY LOCATION (City, town, or county	7.737
DEMOVAL (Specify)	1 11 3 4	y) (State)
DATE REC'D BY LOCAL RECISTRAR'S SIGNATURE	I Hospilal Caslow	ned
RECO BY LOCAL REGISTRATES SEGNATURE	St. FUNERAL DIRECTOR	ADDRESS
3/16/51 11.The / leerees	Mendral Vageral	TO I Tan
2014/1932/0		mid
20 741 1111	_	- may



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

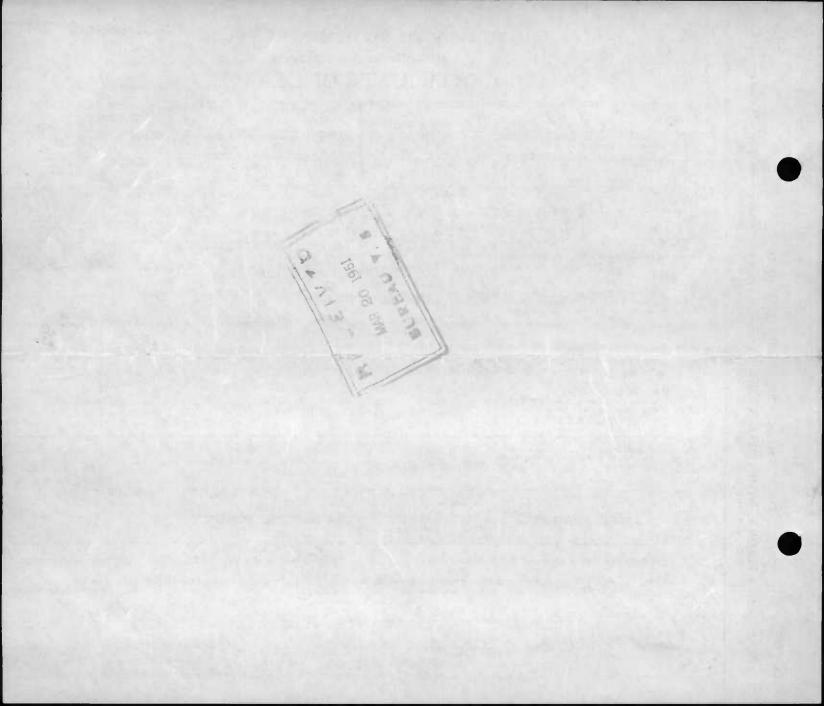
CERTIFICATE OF DEATH

Reg. Dist. No. 290

/	
1. PLACE OF DEATH- COUNTY Jalbot MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give negrest town)	CITY (If outside corporate limits, write RURAL and give nearest town)
HOSPITAL OR	STREET (If rural, give location)
INSTITUTION OR STREET ADDRESS	ADDRESS Harrison Street
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) Theodosea Campbell	Koehn DEATH May. 13 1951
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH 9. AGE last birthday If under 1 year If under 24 hrs. Months Days Hours Min.
Tribute (Specify) Niaoro	1100.10-188201 68 ym. 14 13 1
foa. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NOTICE INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charles Campbell	Florence Burns
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, or unknown) (If yes, give war or date of	17. INFORMANT AND ADDRESS Rural
service) Noul	Compbell Rockin Offord Md.
18. MEDICAL CE	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATE
Immediate cause (a) Coronary Oc.	elusion Justans
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause	
f to stating the underlying cause last	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19s. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	1 20. AUTOPSY?
	Yeu No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While INJURY m. INJURY	HOW DID INJURY OCCUR?
~ 12/	, 1950, to
// -	
alive on	ADDRESS DATE SIGNED
Sheparo Krede & mad	Easton 3/14/81
23. BYRIAL, CREMATION DATE DIEREOF NAME OF CEMETER REMOVAL (Specify). War 14-1951 Fort Le	RY OR CREMATORY LOCATION (City, town, or county) (State)
DATE REG D BY LOCAL REGISTRAR'S SEGNATURE REG. 2	21) FUNERAL DIRECTOR ADDRESS
- 1/13/5/ 1/74.//leraly	John D. Williams, Coaston Md

The correct age PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING



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							on:

MARYLAND STATE DEPARTMENT OF HEALTH

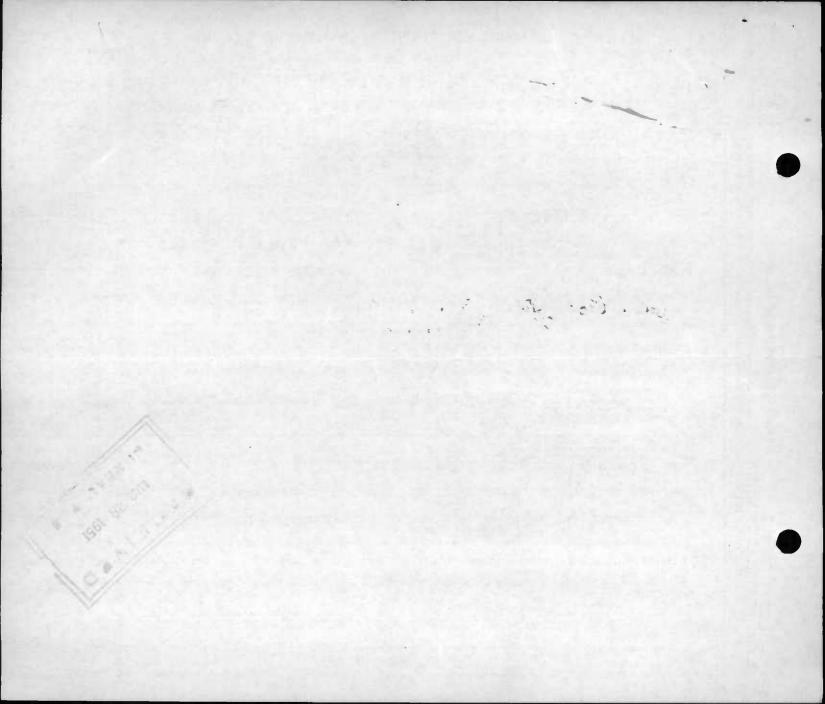
2411 N. Charles Street, Baltimore

02998

MMNo. G 131 APR 2 1951 CERTIFICATE OF DEATH

eg. Dist. No. 290

1. PLACE OF DEATH. Tel 2004 Co. MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED. COUN'	TY Takhut.
CITY (If outside corporate limits, write RURAL and OR give nearest town) Outside Corporate limits, write RURAL and (in, this place) TOWN Cut (in, this place)	CITY (If outside corporate limits, write RURAL and g	rive nearest town)
HOSPITAL OR	STREET (If rural, give location)	
INSTITUTION OR Faste Memorial Hospi		
3. NAME OF (First) (Middle) DECEASED (Type or Print) (LCLI/(a)	O (Last) OF DEATH March	(Day) (Year)
5. SEX 6. COLOR OR LACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED.	8 DATE OF BIRTH 9. AGE last hirthday Iff under	or 1 year If under 24 hrs.
10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Business or	ALL 2), / 7 FL 19 / 7 yrs.	12. CITIZEN OF WHAT
done during most of working life, even if retired INDUSTRY	mo	Countrato
3 FATHER'S NAME,	14. MOTHER'S MAIDEN NAME	4-2
16. WAS DECEASED EVER IN U.S. ABRIED ORDES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
(Yes, no, or unknown) (If yes, give war or dates of service)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
18. MEDICAL CE	RTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
162x Immediate cause (a) - Risucheoge	uie Caremonas	month +
Antecedent cause (s) Diseases or conditions, if any, (b) Aubuteursuic	la adis veneralar diseas	1 yeu +
giving rise to the above cause stating the underlying cause last (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death hut not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNT)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While	HOW DID INJURY OCCUR?	
INJURY m. Work At work	La Mack	
22. I hereby certify that I attended the deceased from	1977, to 7, 1957, that I last	saw the deceased
alive on 7/444/7, 19.37, and that death occurred at SIGNATURE (Degree or title)	ADDRESS and on the date s	stated above, DATE SIGNED
le. Q. Waite ms.	Ot. Michaela Mel.	3.21.51
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE REMOVAL (Specify)	RY OR CHEMATORY LOCATION City, town, or cou	nty) (State)
DATE REC'D BY LOCAL NHOISTEAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
REG. 3/18/51 11. H. Neeres	Horman W. March	are
, ,	,	1201 26



2411 N. Charles Street, Baltimore

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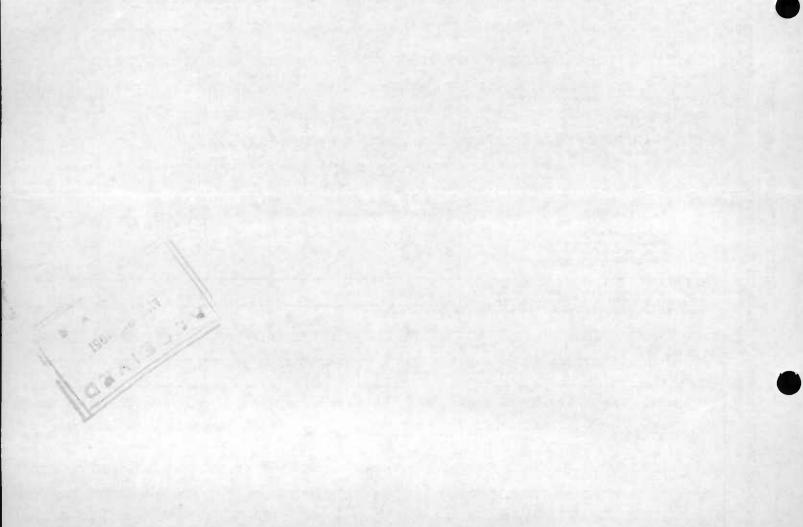
CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.	
COUNTY COOLST MARYLAND	STATE Maryland COUNTY	20
OR give nearest town)	CITY (If outside Sorporate limits, write RURAL and giv	e nearest town)
TOWN Caston 22 days	TOWN Chaolas. Md	
HOSPITAL OR INSTITUTION OR ON THE STATE OF T	STREET (If rural, give location)	/
STREET ADDRESS Memorial Papelal	ADDRESS D'oncerceord	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
DECEASED (Type or Print) John Thomas	Lee DEATH 3	18 1951
5. SEX 6 COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED	8. PATE OF BIRTH 9. AGE last birthday If under Months	year If under 24 hrs Days Hours Min.
(Sincilly, per a ad	ALM 26.189 50 yrs.	
10a. USUAL OCCUPATION (Give kind of work one during most of working life, even if retired) USUAL OCCUPATION (Give kind of work in the life with the life wi	11. BIRTHPLACE (State or foreign country) 12.	CITIZEN OF WHAT
Culling Fill Wallings	na l	ISH
3 FATHER'S NAME	14. MOTHER'S MAIDAN NAME	
IN Traversone	1 Hachoeld Speeper	
15. Was Decrased Ever In U.S. Armer Forces? 16. Social Security No. (Yes, no, or unknown) (If yes, give war or dates of	17. INDORMANT AND ADDRESS	Ches To
service) hour whather	Its viana // de	my
18. MEDICAL CE	RTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
P.	- P-	1 7
Immediate cause (a) Carcon	a of lancreas	
Antecedent cause(s)		
Diseases or conditions, if any, (b)	***************************************	-7 00 0 - 00 - 00 mm
46 9 giving rise to the above cause stating the underlying cause last		
(e)		
II. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death hut not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	0	20. AUTOPSY?
3/1-/11 Carcinomo	of ancreas	Yes K No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE OF office bldg., etc.)	(CITY OR TOWN) (COUNTY)	(STATE)
HOMICIDE INJURY		
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While	HOW DID INJURY OCCUR?	
INJURY m. Work At work		
	3/10/2001	
22. I hereby certify that I attended the deceased from	, 19, to	aw the deceased
alive on 3 / 18 / 19 5% and that death occurred at		ated above.
alive on	ADDRESS	DATE SIGNED
1 /3 Coc m.D.	5 7 72.1	
	Carlon Common City	> (54-4-)
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE	RY OR CREMATORY LOCATION (City, town, or count	y) (State)
Bremoval (Specify) 3/20/51 Sevens	24. FUNERAL DIRECTOR	ADDRESS
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 2		ADDRESS
3/18/5/ 1 74. 1 Perus	Bartono Bros - Centrevilla	Mal
	pan R. g. Moubeau 91	11111

The correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING



of information carefully death clearly and legibly. every item から Supply write t RESERVED INK. PLAINLY, WITH UNFADING is especially important. Physicians:

WRITE

PLEASE

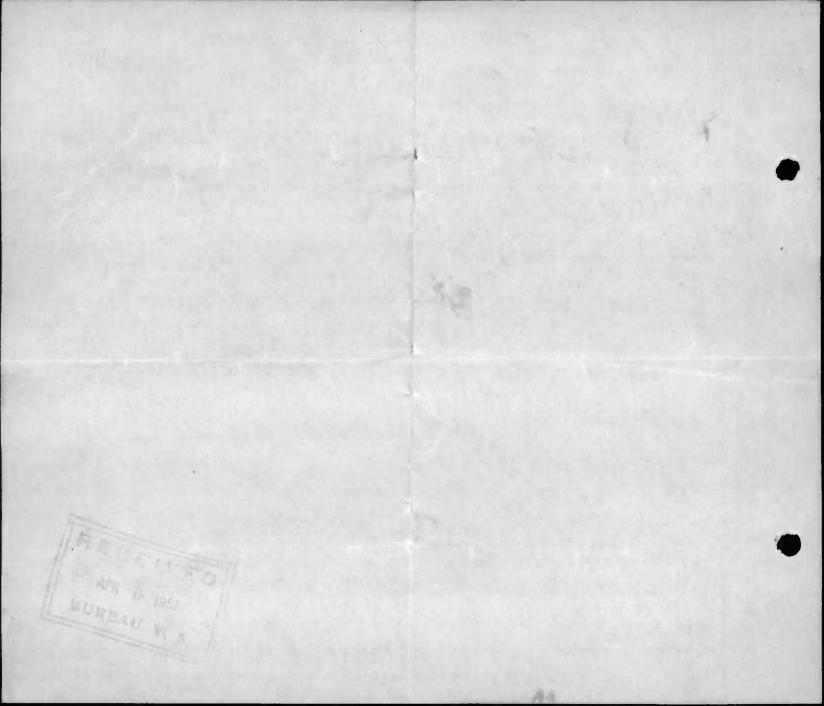
VS.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290 1. PLACE OF DEATH. 2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY STATE MARYLAND CITY (If outside corporate limits, write RURAL and OR give nearest town) CITY (If outside corporate limits, write RURAL and give nearest town) TOWN HOSPITAL OR INSTITUTION OR STREET (If rural, give location) ADDRESS STREET ADDRESS 3. NAME OF (Middle (First (Last) 4. DATE (Month) (Day) (Year) DECEASED DEATH MAKE (Type or Print) 7. SINGLE, MARRIED, WIDOWED, DIVORCED, 5. SEX 6. COLOR OR RACE DATE OF BIRTH 9. AGE iset birthday If under 1 year III under 24 bts Montha | Days Hours | Min. (Specify) 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR M. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT done during most of working life, even if retired). INDUSTRY COUNTRY? FATHER'S NAME 14. MOTHER'S WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. AND ADDRESS (Xes, no, or unknown) | (If yes, give war or dates of service) 18. MEDICAL CERTIFICATIO INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH Myoc Immediate cause -Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a, DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSYT PLACE (Home, farm, factory, street, OF office bldg., etc.)
INJURY 21. ACCIDENT (Specify) (CITY OR TOWN) (STATE) SUICIDE HOMICIDE TIME (Month) (Day) INJURY OCCURRED (Hour) HOW DID INJURY OCCUR? While at Not While INJURY Work At work Vial 19.30, that I last saw the deceased 22. I hereby certify that I attended the deceased from 1. ... and that death occurred at! alive on. .m., from the causes and on the date stated above. (Degree or title) SIGNATURE DATE SIGNET 23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State RUMOVAL (Specify EUNERAL DIRECTOR DATE REC'D BY LOCAL REGISTRAR'S ADDRESS REG.



2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH Reg. Di

03001

Reg. Dist. No. 290

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED	**
MARYLAND	STATE Maryland COUNT	tri O Oral
OR give nearest town)	CITY (If outside corporate limits, write RURAL and gi	ve nearest town)
TOWN Easton, Gare	TOWN Eastor.	1
HOSPITAL OR INSTITUTION OR	STREET (If rural, give logation)	1
STREET ADDRESS Laston Memorcal Hard	. ADDRESS 1/2 North (und	4
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) Mrs. Nadie	The DEATH March	. 29 1951
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.		1 year If under 24 hr
WIDOWED, DIVORCED, (Specify)	act 4, 187/ 19 yrs. Months	Days Hours Min
IGS. USUAL OCCUPATION Give kind of work 10b. KIND OF BUSINESS OR		2, CITIZEN OF WHAT
done during most of working fife, even it settred) INDUSTRY	Tallat Court And	YOUNTEY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	<u> </u>
ms william & Commotaria	mai crast Soullai	4 -
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	AT INVORMANT AND ADDRESS	,
(Yes, no, or unknown) (If yes, give war or dates of service)	My hole a note Sas	una alma
18. MEDICAL CI	ERTIFICATION	nasering)
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN
P.		ONSET AND DEATE
Immediate cause (a) Calcau ary 10	Craw Oris	o days
Antecedent cause(s) Diseases or conditions, if any, (b)	sell carrinama o cervice	Collean
giving rise to the above cause		
stating the underlying cause last		
IL OTHER SIGNIFICANT CONDITIONS		1
Conditions contributing to the death but not		
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY)	Yes No (STATE)
SUICIDE OF office bldg., etc.) HOMICIDE INJURY	(00011)	(SIAIE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF INJURY m. While at Not While Work At work	110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110	
22. I hereby certify that I attended the deceased from 3/1/4.	, 19.2/, to 29 4 , 19.5/, that I last s	aw the deceased
alive on		ated above.
SIGNATURE. (Degree of title)	ADDITION I	DATE SIGNED
Muston Housen lic	Clerka Mary land	3 Myri(57
23. BERIAL, CREMATION DATE THEREOF NAME OF CEMEAN	ERY OR CREMATORY LOCATION (City, town, or coun	ty) (State)
Billia (Specify) Opril 2 1954 Africa De	on and	De d
DATE RECO BY LOCAL KHGUSTRAR'S SIGNATURE	24. PONERAL DIRECTOR	ADDRESS
REG. 172/57 74 NOS DELA	Was intack	lad MI
	- CALLED - CALLED	



2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

eg. Dist. No. 290

	Reg. Dist. No) <i>D</i> /D
1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED	
MARYLAND	STATE M2. COUNTY	104 bal
OR give nearest town	OR CITY (If outside corporate limits, write RURAL and giv	e nearest town)
TOWN Easton 25 Um.	TOWN East on	
HOSPITAL OR INSTITUTION OR	STREET (If rural, give location)	
STREET ADDRESS Wemonial Lasgual 1	106 august st	-
3. NAME OF (First) (Middle) DECEASED ()	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	DEATH 3	29 1957
Male WIDOWED, DIVORCED, (Specify) Single	S. DATE OF BIRTH 9. AGE last hirthday If under Months Months	Days Hours Min.
10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country)0 / 12.	CITIZEN OF WHAT
hhe	Man. 18 100 / as/us	COUNTRY /
13. FATHER'S NAME	MOTHER'S MAIDEN NAME	
15. WAS DECRASED EVER IN U.S. ABMED FORCES? 16. SOCIAL SECURITY NO.	Mene auslen	114
(Yes, no, or unknown) (If yes, give war or deten of service)	M Charles Curs Fart	inguist of
18. MEDICAL CER	RTIFICATION	-
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	,	ONSET AND DEATH
Immediate cause (a) Anuria - Uran	sa,	2 days?
578 (Antecedent cause(s) Diseases or conditions, if any, (b) Acute + Chronic	sulphanotons desease	
23 giving rise to the above cause stating the underlying cause last Colon		-0 -0 -0 -0 -0 -0 -0 -0 -0 -0 -0 -0 -0 -
(c)		
II. OTHER SIGNIFICANT CONDITIONS		1
Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No D
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF INJURY m. While at Not While At work		
3-78	2-25 5/	
22. I hereby certify that I attended the deceased from 3-28		
alive on 3- 25, 19.5, and that death occurred at		ted above.
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
plotu E Coybert MP	, 214 Dover St Eastern, 1	K 3/30/57
23. BURIAL CREMATION DATE THEREOF NAME OF CEMETER	RY OR CREMATORY LOCATION (City, town, or county	(Sate)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNDER OF DERECTOR	ADDRESS
REG. 3/29/51 M.A. Marrier	Marsles (Nost	M
304060201110	Marie Vanna	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information careful is especially important. Physicians: please write the causes of death clearly and legible MARGIN RESERVED FOR BINDING

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VS. A15 -



2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03003

leg. Dist. No. 290

1. PLACE OF DEATH COUNTY Talbet, MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUR	Men
OR give nearest town) Carly (If outside corporate limits, write RURAL and OR give nearest town) Carly (In this, place)	OR TOWN Fand Men- Manke	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Free Lie Meurs (al Hosp)	STREET (If rural, give location)
3. NAME OF (First) (Middle) DECEASED (Type or Print)	(Last) 4. DATE (Month) OF DEATH MOLE	(Day) (Year)
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	S. DATE OF BIRTH . 9. AGE last hirthday If une	der 1 year If under 24 hr. hs Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. Kind of Besinass or Industry INDUSTRY	11. BIRTHPACE (State or foreign country)	12. CITIZEN OF WHAT
ALL MILLIAM Sand	14. MOTHER'S MAIDEN NAME	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, or unknown) (If yes, give war or dates of service)	W. INFORMANT AND ADDRESS	
18. MEDICAL CE	DTIEICA (PLON)	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RIFICATION	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Primonog Em	わ。 <i>l</i> j	3/11/5/
420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause	My corduct In Fricky	3/6/5/
stating the underlying cause last (c) /HIER ockers the	Xmpc Deenwoold	5 mg
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
192. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION		Yes No D
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNT	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY m. INJURY Mat work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1/4	, 195/, to 8/13 , 195/, that I las	t saw the deceased
alive on 3//2, and that death occurred at (Degree or title)	ADDRESS and on the date	stated above. DATE SIGNED
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETER	RY OR CREMATORY LOCATION (City, town, or co	3/13/51
REMOVAD (Specify) 3/15/57 Brusto	erlle Briceerle	le ma
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 3/14/57 A. RECISTRAR'S SIGNATURE	Eules of old Casi	ADDRESS
	1111	11/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1



2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03004

Reg. Dist. No. 290

I. PLACE OF DEATH	1 2. USUAL RESIDENCE (HOME) OF DECEASED.	
COUNTY Talbot MARYLAND	STATE RIDGELY Md. COUNT	TY Caralina
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town) TOWN	CITY (If outside corporate limits, write RURAL and OR TOWN	give nearest town)
HOSPITAL OR Easton INSTITUTION OR Easton STREET ADDRESS Memoria Hospital	STREET (If rural, give location)	J
3. NAME OF (First) (Middle) DECEASED (Type or Print) HARRY	(Last) 4. DATE (Month)	(Day) (Year)
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	Stayer. DEATH March	7 /0 1957
M. WIDOWED, DIVORCED, (Specify)	Jaena 12, 1877 73 yrs. Month	s Days Hours Min
10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Business or one during most of working life, eyen if retired) INDUSTRY INDUSTRY INDUSTRY	Vii. BRTHPLACE (State or foreign country)	12. CITYEN OF WHAT
nu Daved Stager	no ruend) A The	4-N-11
15. WAS DECRASED EVER IN U.S. ARMED BORGES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes, give war of dates of	17 INFORMANT AND ADDITES	
18. MEDICAL CEN	RTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	1	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Loube Com	Lary byorbses	1 Lhrs.
420. Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause	ed atain solers	
stating the underlying cause last (e)	te sui '	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from	, 1951, to 3 - 10; 195 that I last	saw the deceased
alive on AM, 19 and that death occurred at 9	3:55 A.m., from the causes and on the date :	stated above.
SIGNATURE: (Degree or title)	ADDRESS	DATE SIGNED
23. BURIAL CREMATION DATE THEREOF NAME) OF CEMETER	Riel Villy-	3-13-07
DREMOVAL (Specify) 3/13/51 (Ciclus	RE OR CREMATORY LOCATION (City, town, or cou	Md (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 2/1/5/	O'NEGAL PRECTOR)	ADDRESS MA
- July to the process of	The state of the s	and an inter
	820	105



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03905

CERTIFICAT	TE OF DEATH Reg. Dist. No.	. 290
1. PLACE OF DEATH- COUNTY MARYLAND CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN LOSPITAL OR 10 CONTROL OR 1	2. USUAL RESIDENCE (HOME) OF DECEASED COUNT CITY (It outside corporate limits, write RURAL and given the count of the coun	allad
INSTITUTION OR STREET ADDRESS 3. NAME OF DECEASED (Type or Print) 5. SEX 6. COLOR OR RACE WIDOWED, DIVORCED, (Specify) I TO RECEASED (Specify) I TO RECEASED	Months	(Day) (Year) 30 19 5' 1 year If under 24 hru Days Hours Min
10al USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 13 HATHER'S NAME 15 Was Decreased Ever in U.S. Armed Forces? 16. Social Security No. (Yes, no, or unknown) (If yes, give war or dates of		COUNTRY H
In diseases or conditions directly leading to death Immediate cause (If yes, give war of dates of leading to lead to the leading to death Immediate cause (a)	Calleren Johnson W.C.	INTERVAL BETWEEN ONSET AND DEATH
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	dest décare à prilue	4 luas
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OPERATION 19b. MAJOR FINDING		20. AUTOPSY? Yes No
21. ACCIDENT (Specify) PLACE (Home, Tarm, factory, street, OF office bldg., etc.) OF office bldg., etc.) TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While m. Work At work	(CITY OR TOWN) (COUNTY) HOW DID INJURY OCCUR?	(STATE)
alive on March 3.0., 19.51., and that death occurred at! SIGNATURE: (Degree or title)	ADDRESS Range land 3	ated above. DATE SIGNED
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETER REMOVAL (Specify) DATE REC D BY LOCAL REGISTRAR'S SIGNATURE REG. 57	24. FUNERAL DIRECTOR WORK OR CREMATORY LOCATION (City, town, or count of the count	ADDRESS (



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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

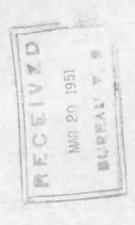
2411 N. Charles Street, Baltimore

03006

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.
COUNTY Tallot MARYLAND	STATE Mary Land. COUNTY. Carolini
	CITY (If outside corporate limits, write RURAL and give nearest town)
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN LENGTH OF STAY (in this place) 2 8 2 4 2 4 2 4 2 4 2 4 2 4 2 4 2 4 2 4	TOWN Handa
HOSPITAL OR INSTITUTION OR	STREET (If rural, give location)
STREET ADDRESS Memond Ivaatal.	ADDRESS
2 NAME OF	(Last) 4. DATE (Month) (Day) (Year)
DECEASED M4.	7 7.10 · OF
(Type or Print) (2013 L) 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	193
WIDOWED, DIVORCED,	Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITTERN OF WHAT
done during most of working life, evon if retired) INQUSTRY	11. BIRTHPLACE Steep of original County County of What
AT FATHER'S NAME	114-MOTHER'S MAIDEN NAME
Als Millourne William	He-abella Whoult
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	13. INFORMANT AND ADDRESS AN
(Yes, no, or unknown) (If yes, give war or dates of service)	My Vrandla Willedad Don
18. MEDICAL CE	CRIFICATION
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN
\cap \cap	Onset and Deate
Immediate cause (a) fulcu analy les	· Wess
260X Antecedent cause(s) Ostuiasalustic	1. f. 1.0 (31
Diseases or conditions, if any. (b)	heart discour - frilene !!
giving rise to the above cause stating the underlying cause last	2./
(c) Placher, we le	Tran
II. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes No No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
SUICIDE OF office bldg., etc.) HOMICIDE INJURY	,
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?
OF While at Not While INJURY m. Work At work	
22. I hereby certify that I attended the deceased from 12 Feb	, 195/., to 2 , 195/, that I last saw the deceased
alive on March 12, 19.51, and that death occurred at	7 55 Am from the course and an the 2-to 1 2 1
SIGNATURE (Degree or title)	ADDRESS DATE SIGNED
1 1 0/ 1.0	BALL SIGNED
Theres has Hacion m.C.	Carta Way Caux 14 1665)
DEMOTINE (Speedby)	OR CREMATORY LOCATION (City, town, or county) (State)
Surial 17145, Jecus	rest Tederalstring and
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
3/13/57 / JA, / level	1/17 rams com Jon 7. 20 ara lale ore Ind.



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH.		2. USUAL RESIDENCE		
COUNTY Jacket	MARYLAND	STATE Mary Land, COUNTY Jacker		COUNTY Jours
CITY /If outsidemorparate limits write RIIP				and give persent town)
OR give nearest town	(in this place)	OR /	11	and give mearest town,
TOWN Aural Oasloy	25 4/60	TOWN Juras		
HOSPITAL OR INSTITUTION OR		STREET ADDRESS	(If rural, give ioc	ation)
STREET ADDRESS		ADDRESS		
3. NAME OF (First)	(Middle)	(Last)	14. DATE (Mor	nth) (Day) (Year)
DECEASED 74/ 10	- 0		OF /2	
(Type or Print) Wellesin	alonga	Wellie	DEATH //	reh 25 1951
5. SEX 6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year If under 24 hrs, Months Days Hours Min.
male White	(Specify) Married	Klept. 27. 1875	7.5 yrs.	5 28 110418 1411.
10a. USUAL OCCUPATION (Give kind of work	10b. KIND OF BUSINESS OR	J. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT
done during most of working life, even if retired)	INDUSTRY Devices	Jacket Cail	1.1.0	COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN	40-4	0.10.
13. FATHER S NAME	1 7 in 1.	I MOTHER BANK	Si (Po	
William Tromas	ances	Kirchelax	Klen More	
15. WAS DECRASED EVER IN U.S. ARMED FORCES	17 16. SOCIAL SECURITY NO.	17. INFORMANT	2 4	. /)
(Yes, no or unknown) (If yes, give war or dates of service)	OI X esce	Mrs Mars	are May (ulis (web)
	18. MEDICAL CE	PTIFICATION		
		RITICATION		INTERVAL BETWEEN
I, DISEASES OR CONDITIONS DIRECTLY	LEADING TO DEATH			ONSET AND DEATH
	B. to	0 '		1. (- 21 -
Immediate cause (a)	arterio	oclesose	general	11 2 Ta
1500			//	
Antecedent cause(s)				
Diseases or conditions, if any, (b) giving rise to the above cause				
stating the underlying cause last				
(c)				
II. OTHER SIGNIFICANT CONDITIONS				
Conditions contributing to the death but not				
related to the disease or condition causing deat				1
19a. DATE OF OPERATION 19b. MAJOR I	FINDINGS OF OPERATION			20. AUTOPSY?
	The second second			Yes No 🔀
	CE (Home, farm, factory, street,	(CITY OR	TOWN) (Co	OUNTY) (STATE)
SUICIDE	office bldg., etc.)			
HOMICIDE INJU	I INJURY OCCURRED	HOW DID INJURY OC	CITDS	
TIME (Month) (Day) (Year) (Hour)	While at Not While	HOW DID INJURY OC	COR	
INJURY m.	Work At work			
	19	5/-	-/	
22. I hereby certify that I attended the	e deceased from	, 19 to 3 / 2)	, 19, that	last saw the deceased
/ /		. 0	/	
alive on 3/24/, 1957, an	d that death occurred at /	2 m., from the	causes and on the	date stated above.
SIGNATURE	(Degree or title)	ADDRESS		DATE SIGNED
120	7 - 0		~ /	
2 0	21-20-	2 aston	- mal	
23. BURIAL, CREMATION DATE THERE	OF NAME OF CEMETE	RY OR CREMATORY	LOCATION (City, town	or county) (State)
KENIOVAL (Specify)	8.57 Valengo	Win	Conta	0 11
		21 FUNERAL DIRECTO	OB	ADDRESS
DEC 7	DIGINATURE /	LIVE OF THE CALL	OR /	TDDKESE
REG. 3/26/57				
/ 2 3/3/	A. Herris	Wellenton	(Carlos Ohs
12/3/1	A. Perus) Willest Bac	4	Carlos Ohs

PR 0 1951

The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03008

CERTIFICATE OF DEATH

Reg. Dist. No. 2/9/

/				
1. PLACE OF DEATH- COUNTY TALLS	MARYLAND	2. USUAL RESIDENCE (H		COUNTY
CITY (If outside corporate limits, write OR glypes at town) TOWN	RURAL and LENGTH OF STAY (in this place) 2 YEFRS	OR S	te limits, write RURA	L and give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS	(If rural, give lo	ocation)
3. NAME OF (First) DECEASED (Type or Print)	(Middle)	Wink	OF m	onth) (Day) (Year) ORCh 3 195/
5. SEX 6. COLOR OR RAN	CE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow Ed	UNKNOWN	9. AGE last hirthday OVER 100 yrs.	If under I year If under 24 hrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of done during most of working life, even if ret	work 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State of		12. CITIZEN OF WHAT COUNTRY?
North E. Murdock		KATHER'S MAIDEN	Plouman	,
15. WAS DECRASED EVER IN U.S. ARMED F (Yes, no, or unknown) (If yes, give war or described)	OBCES? 16. SOCIAL SECURITY No.	MRS. HARRY CODI	ADDRESS	
	18. MEDICAL CE	RTIFICATION		INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIREC		00		ONSET AND DEATH
Immediate cause	a) acute n	ephreles	<u>/</u>	3 days
giving rise to the above cause stating the underlying cause last	b)			
II. OTHER SIGNIFICANT CONDITION	(c) NS			
Conditions contributing to the death but related to the disease or condition causing	g death.			
19a. DATE OF OPERATION 19b. MA.	JOR FINDINGS OF OPERATION			20. AUTOPSY?
21. ACCIDENT (Specify)	PLACE (Home, farm, factory, street,	: (CITY OR T	OWN) ((OUNTY) (STATE)
21. ACCIDENT (Specify) SUICIDE HOMICIDE	OF office bldg., etc.) INJURY			(41.12)
TIME (Month) (Day) (Year) (Ho OF INJURY	our) INJURY OCCURRED While at Not While m. Work At work	HOW DID INJURY OCC	OUR?	
22. I hereby certify that I attende	ed the deceased from Feb. 2	6., 19.5%, to Mar.	.3., 195.1., that	I last saw the deceased
alive on Mary 2, 19.5. SIGNATURE	, and that death occurred at (Degree or title)	H. G. m., from the	causes and on the	date stated above. DATE SIGNED
S. Denny 1	Cillson M	RY OR CREMATORY L	Laces Ind	3/3/51
REMOVAL (Specify)	51 Hampotea	d	GCATION (City, town	- Carroll-md
DATE REC'D BY LOCAL REGISTR	Ar'S SIGNATURE Self	VORMAN D. MA.		t. Michaels, Md.



VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltlmore

CERTIFICATE OF DEATH

Reg. Dist. No. 791

03009

/		
1. PLACE OF DEATH COUNTY	2. USUAL RESIDENCE (HOME) OF DECEASED.	1014
MARYLAND	CITY (If outside orporate limits, write RURAL and give	ALCON T
CITY (If outside corporate limit, write FORAL and LENGTH OF STAY OR give plants 1980) (in this place)	OR // 0/60 '0 0// 3/	e nearest town)
HOSPITAL OR	STREET (If rural, give location)	1. / runal
INSTITUTION OR	ADDRESS	0
STREET ADDRESS 3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
DECEASED	Willers OF DEATH MALL	11- 10-00
(Type or Print) 5. SEX 6. COLON OR RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE last birthday If under I	
6. SEX 6. COLOGOR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	October 7-1865 85 yrs. Months	Days Hours Min.
10s. USUAL OCCUPATION (Give kind of work 10h. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12.	CITIZEN OF WHAT
10s. USUAL OCCUPATION (Give kind of work done during most of working my retired) 10h. Kind of Business of Industrial Industrial	THE TOTAL CHE H. M. T	COUNTRY a.
13 FATHER'S NAME OUI'L	14. MOTHER'S MAIDEN NAME	0
fulderian to wather	resular acce / Jugo	4
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, or unknown) (If yes, give war or dates of	17. INFORMANT AND ADDRESS	Theate sell
(service)	Lary Miller ATME	marie all
	RTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
Immediate cause (a) Coronary Occ	chision is Heart Disease	dus taus
Antecedent cause(s)	· Hart Discours	Una.
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	c //xa/1 Disease	jears
(c)		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
192. DATE OF OPERATION 193. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF INJURY m. While at Not While Work At work		
22. I hereby certify that I attended the deceased from NOV.	, 1949, to 3/10, 1951, that I last as	w the deceased
2///		4.3 -1
alive on	ADDRESS	DATE SIGNED
Stone Kard & Mr. D.	Parlan 31	12/51
23. BURIAL CREMATION DATE THEREOF NAME OF CEMETE	RY OR CREMATORY LOCATION (City, town, or count	y) (State)
REMOVAL (Specify)	weekel Weddown ku	7 7/1
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24 FUNERAL DIRECTOR	ODRESS L
MEG 18/57 New (refor & sect	Loter of Thellians Pan	la 19/11
	The state of the s	May May
	003	BUYU

